



Affordable Care Act (ACA) IRS Reporting Requirements

2015

You will receive new IRS tax forms in 2016 (1095-C and possibly 1095-B) that will be required to complete your 2015 Federal income tax filing, please save these forms with your other tax documents (e.g., W2, 1099-HC, etc.).

- ❖ The Affordable Care Act (“ACA”) requires that the City of Boston and its health insurance carriers provide reporting to employees, subscribers and the IRS regarding the offer of health insurance coverage and the enrollment in the coverage.
- ❖ Your employment status (i.e., employee, retiree), length of service (e.g., new hire, new retiree) and health plan enrollment status (e.g., waive, Blue Cross Blue Shield, Harvard Pilgrim, Neighborhood Health Plan) will determine which and how many forms you will receive as a result of these new reporting requirements.
- ❖ Please see below for an overview of the individual responsibilities, information about the tax forms, specific scenarios that may apply during 2015, and some frequently asked questions.

Massachusetts State Tax Return

Massachusetts Residents - Subscribers will continue to receive form 1099-HC from their insurance carrier (health plan) to assist them in completing their Massachusetts income tax form and schedule HC to demonstrate compliance with Massachusetts health care reform requirements.

Federal Tax Return

Individual Responsibility - Individuals who are lawfully present in the United States must have health insurance coverage for each month of the year unless an exception or exemption applies. This requirement is often called the Individual Shared Responsibility Mandate, and is similar to the Massachusetts requirement. You will report whether you complied with this requirement on your federal tax return (i.e., Form 1040, 1040A, or 1040EZ). Individuals who do not maintain coverage or qualify for an exception or exemption must make a shared responsibility payment when filing their federal income tax returns.

**NEW
FOR
2015**

When filing 2014 taxes, you could simply check a box on your Federal income tax form to indicate that you maintained coverage. Your 2015 filing will require that you utilize a detailed statement (i.e., Form 1095-B/C) to document coverage and transfer the information to your tax form. The 1095 form(s) may come to you from multiple sources (employers, insurance carriers, or the Marketplace) and will be issued in early 2016.

Note: You will receive multiple 1095 forms if you had coverage from multiple sources during the year.



1099-HC

- Sent to all subscribers in the City's health plans directly from the health plans
- Used to complete the Massachusetts state income tax form to demonstrate compliance with the individual mandate

Sample form (for illustrative purposes only)



**Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage**

**Massachusetts
Department of
Revenue**

1. Name of insurance company or administrator		2. FID number of insurance co. or administrator	
3. Name of subscriber		4. Date of birth	5. Subscriber number
6. Street address		7. City/Town	8. State
			9. Zip
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
a. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
b. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
c. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			
d. Name of dependent		Date of birth	Subscriber number
Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.			



1095-B

- Sent to all subscribers that were enrolled in the Neighborhood Health Plan HMO at any time in 2015
- Sent directly from Neighborhood Health Plan to the subscriber
- Used to complete the Federal income tax form to demonstrate compliance with the individual mandate

Sample form (for illustrative purposes only)

Form 1095-B Department of the Treasury Internal Revenue Service	Health Coverage ▶ Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b .	<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED	OMB No. 1545-2252 2015 560115													
Part I Responsible Individual																
1 Name of responsible individual		2 Social security number (SSN)	3 Date of birth (if SSN is not available)													
4 Street address (including apartment no.)		5 City or town	6 State or province													
			7 Country and ZIP or foreign postal code													
8 Enter letter identifying Origin of the Policy (see instructions for codes): ▶ <input type="checkbox"/>			9 Small Business Health Options Program (SHOP) Marketplace identifier, if applicable													
Part II Employer Sponsored Coverage (see instructions)																
10 Employer name		11 Employer identification number (EIN)														
12 Street address (including room or suite no.)		13 City or town	14 State or province													
			15 Country and ZIP or foreign postal code													
Part III Issuer or Other Coverage Provider (see instructions)																
16 Name		17 Employer identification number (EIN)	18 Contact telephone number													
19 Street address (including room or suite no.)		20 City or town	21 State or province													
			22 Country and ZIP or foreign postal code													
Part IV Covered Individuals (Enter the information for each covered individual(s).)																
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DRAFT – FOR DECEMBER 8, 2015 PEC MEETING

1095-C

- Sent to all full time employees
- Sent to subscribers enrolled in a non-Medicare Blue Cross Blue Shield and/or Harvard Pilgrim plan at any time in 2015
- Sent directly from the City of Boston to the subscriber
- Used to complete the Federal income tax form to demonstrate compliance with the individual mandate

Sample form (for illustrative purposes only)

600116 VOID CORRECTED OMB No. 1545-2251 **2015** Form 1095-C

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Part II Employee Offer and Coverage

Plan Start Mo. (Enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	16 Applicable Section 4980H Safe Harbor (enter code, if applicable)
At 12 Months		\$	
Jan		\$	
Feb		\$	
Mar		\$	
Apr		\$	
May		\$	
June		\$	
July		\$	
Aug		\$	
Sept		\$	
Oct		\$	
Nov		\$	
Dec		\$	

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c.

EMPLOYEE'S name, address, ZIP/postal code & country

APPLICABLE LARGE EMPLOYER'S identification number (EIN) EMPLOYEE'S social security number (SSN)

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 mos.	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
17				X	X	X	X	X	X	X	X	X	X	X	X	X
18				X	X	X	X	X	X	X	X	X	X	X	X	X
19				X	X	X	X	X	X	X	X	X	X	X	X	X
20				X	X	X	X	X	X	X	X	X	X	X	X	X
21				X	X	X	X	X	X	X	X	X	X	X	X	X

Department of the Treasury -- IRS



So to recap – what new tax forms will you receive from the City of Boston and the health insurance plans for the 2015 tax [calendar] year?

Scenario 1 – Enrolled in the Blue Cross Blue Shield and/or Harvard Pilgrim non-Medicare Plans for all 12 months of 2015

Because the City sponsors these self-funded health plans, we will send you a 1095-C to report the offer of coverage and enrollment under these plans.

- ❖ Part II of the form will tell about the coverage offered by the City and will allow the IRS to determine if you were eligible for premium tax credits during 2015.
- ❖ Part III of the form will indicate the months of the year that you and your family members were covered under our plan. This portion of the form will tell the IRS if you satisfied the individual mandate.

Scenario 2 – Enrolled in Neighborhood Health Plan for all 12 months of 2015

If you were enrolled in the Neighborhood Health Plan, which is a fully insured health plan you will receive two forms - a 1095-B and a 1095-C, to report the offer of coverage and enrollment under this plan.

- ❖ 1095-B will be issued by Neighborhood Health Plan and will indicate the months of the year that you and your family members were covered under the plan. This form tells the IRS if you satisfied the individual mandate.
- ❖ 1095-C will be issued by the City of Boston
 - Part II of the form will address the coverage offered by the City and allow the IRS to determine if you were eligible for premium tax credits in 2015.
 - Part III of the form (months of coverage) will be left blank as this information is provided on the 1095-B Form provided by Neighborhood Health Plan.

Scenario 3 – Enrolled in Medicare (retiree) plan for all 12 months of 2015

If you were a Medicare retiree for all months of 2015, you will not receive any reporting from the City or the health plans. You will receive your 1095-B directly from Medicare to assist you in completing your federal income tax return.

Scenario 4 – Not Enrolled in any single health plan for all 12 months of 2015

If you were an active, full time employee during any month of 2015, you will receive a form 1095-C from the City indicating your eligibility and offer of Minimum Essential Coverage (MEC) for the months that you were eligible.

If you were a full time employee, an enrolled subscriber, or a retiree for only part of calendar year 2015, your form(s) will only reflect the months of your offer of coverage or enrollment status as appropriate.



Q-1: I was a new City employee in 2015, what will my form(s) indicate?

A-1: The forms issued by the City or Neighborhood Health Plan will only reflect your offer of coverage and enrollment for the months you were an eligible City employee in 2015.

Q-2: I became a Medicare retiree in 2015, what will my form(s) indicate?

A-2: The forms issued by the City or Neighborhood Health Plan will only reflect your offer of coverage and enrollment for the months you were a City employee in 2015. Medicare will send you a Form 1095-B for the months you were enrolled in Medicare.

Q-3: I became a non-Medicare retiree in 2015, what will my form(s) indicate?

A-3: The forms issued by the City will only reflect your offer of coverage for the months you were a City employee in 2015. If you were enrolled in a Blue Cross Blue Shield or Harvard Pilgrim non-Medicare plan, the City's 1095-C form will indicate the months you were enrolled in 2015. If you were enrolled in Neighborhood Health Plan, the 1095-B form issued by Neighborhood Health Plan will indicate the months you were enrolled in 2015.

Q-4: I am eligible for, but do not enroll in City health insurance coverage. Will I still receive forms from the City?

A-4: If you were a full time employee, you will still receive a 1095-C form that shows that you were offered health insurance coverage by the City.

Q-5: I switched health plans during annual open enrollment, how many forms will I receive?

A-5: If you switched from or to the Neighborhood health plan, you will receive a 1095-C from the City and a 1095-B from Neighborhood Health Plan. If you switched from Blue Cross Blue Shield to Harvard Pilgrim or Harvard Pilgrim to Blue Cross Blue Shield, you will receive one 1095-C from the City.

Q-6: Where can I get more information on these forms and my responsibilities?

A-6: **(TO BE UPDATED AT A LATER DATE: THE CITY IS SETTING UP DEDICATED WEBSITE AND WILL ALSO PROVIDE PHONE #S FOR SPECIFIC TYPES OF QUESTIONS)**